



Service Obligation Tracking System Scholar/Obligee Employment Record Form

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Expiration: XX/XX/XXXX

OMB Paperwork Reduction Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 18 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory per the Individuals with Disabilities Education Act of 2004 (IDEA) and its corresponding requirements, 34 CFR Part 304 Volume 70 No. 57 March 25, 2005, and regulations, 34 CFR Part 304 Vol. 71 No. 107 June 5, 2006, printed in the Federal Register. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1820-0686. Note: Please do not return the completed Employment Record Form application to this address.

Rules of Behavior for Department of Education-Sponsored Website

The NCSO Service Obligation Tracking System (SOTS) is an online data collection system designed to facilitate administration of the U.S. Department of Education Office of Special Education Programs' (OSEP's) Personnel Development Program. This system collects employment and contact information from participating scholar/obligees to verify the fulfillment of their service obligation. Verifying service obligation requires collecting personally identifying information from Institutions of Higher Education, scholars/obligees, and employers. This data collection has been authorized by the Individuals with Disabilities Education Act of 2004 (IDEA) and its corresponding requirements 34 CFR Part 304 printed in the Federal Register Volume 70 No. 57 March 25, 2005 and regulations Vol. 71 No. 107 June 5, 2006

Users of the SOTS must agree to certain conditions and agree to act to insure the accuracy and confidentiality of the information stored by the SOTS.

Employers using this system agree to:

- * Maintain the confidentiality of requested employment information about scholars/obligees.
- * Maintain confidentiality of system login and password.
- * Verify scholar/obligee employment within 30 days of the annual notification e-mail from NCSO.

I agree to the terms.

Employment Record Form

<p>Employment Information</p> <p>The questions relating to your employment affect your obligation fulfillment status. You must answer every question to the best of your ability. Providing information that you know to be false may be punishable by law.</p>
<p>1. Does your current or previous employment fulfill your service obligation?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input type="radio"/> No </p>

<p>Employment Information</p>
<p>2. Is this position a substitute teaching position?</p> <p style="margin-left: 20px;"> <input type="radio"/> Yes <input type="radio"/> No </p>

<p>Employer Information</p> <p>You must provide the name, address, and phone number of the employer organization for this position. If your employment position is outside of the United States, please contact the NCSO Helpdesk to report your employment information. You must list at least one supervisor or human resources manager who can verify your employment and provide his or her e-mail address. You will be asked on the next page to indicate which contact should be sent your employment record for verification. Lastly, you must indicate the type of employer organization for this employment position.</p>
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*Organization Name: _____		
Department Name: _____		
Organization Address		
*Address Line 1: _____	Address Line 2: _____	
*City: _____	*State: _____	*Zip Code: _____-____
*Phone: _____ (xxx-xxx-xxxx)	Fax: _____ (xxx-xxx-xxxx)	
TTY: _____ (xxx-xxx-xxxx)		
Organization Web site address: (Ensure the Web site has the prefix "http://".): _____		

<p>Supervisor</p> <p>Please provide the name of a supervisor at this job who can verify this employment information.</p>	
*First: _____	*Last: _____

<p>_____ Supervisor's Business Address Address Line 1: _____ City: _____ Phone: _____ (xxx-xxx-xxxx) *E-mail: _____ Alternative E-mail Address: _____ Fax: _____ (xxx-xxx-xxxx)</p>	<p>_____ Address Line 2: _____ State: Zip Code: _____ _____ Mobile Phone: _____ (xxx-xxx-xxxx) *Verify E-mail: _____ Verify Alt. E-mail: _____ TTY: _____ (xxx-xxx-xxxx)</p>
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Human Resource Manager

Please provide the name of a human resources manager at this job who can verify this employment information.

<p>*First: _____ Human Resource Business Manager's Address: Address Line 1: _____ City: _____ Phone: _____ (xxx-xxx-xxxx) *E-mail: _____ Alternative E-mail Address: _____ Fax: _____ (xxx-xxx-xxxx)</p>	<p>*Last: _____ Address Line 2: _____ State: Zip Code: _____ _____ Mobile Phone: _____ (xxx-xxx-xxxx) *Verify E-mail: _____ Verify Alt. E-mail: _____ TTY: _____ (xxx-xxx-xxxx)</p>
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International Employer Information

You must provide the name, address, and phone number of the employer organization for this position. You must list **at least one** supervisor or human resources manager who can verify your employment and provide his or her e-mail address. You will be asked on the next page to indicate which contact should be sent your employment record for verification. Lastly, you must

indicate the type of employer organization for this employment position.

***Organization Name:** _____

Department Name: _____

Organization Address

***Name of Addressee**

***City or Town:** _____ ***Country Name:** _____ ***Postal Code:** _____ - _____

***Phone:** _____ **Fax:** _____

TTY:

Organization Web site address: (Ensure the Web site has the prefix "http://".):

Supervisor
Please provide the name of a supervisor at this job who can verify this employment information.

***First:** _____ ***Last:** _____

Supervisor's Business Address

Name of Addressee:

City or Town: _____ **Country Name:** _____ **Postal Code:** _____ - _____

Phone: _____ **Mobile Phone:** _____

***E-mail:** _____ ***Verify E-mail:** _____

Alternative E-mail Address: _____ **Verify Alt. E-mail:** _____

Fax: _____ **TTY:** _____

Human Resource Manager
Please provide the name of a human resources manager at this job who can verify this

employment information.		
*First: _____	*Last: _____	
Human Resource Business Manager's Address:		
Name of Addressee: _____		
City or Town: _____	Country Name: _____	Postal Code: _____-____
Phone: _____	Mobile Phone: _____	
*E-mail: _____	*Verify E-mail: _____	
Alternative E-mail Address: _____	Verify Alt. E-mail: _____	
Fax: _____	TTY: _____	

Organization Type
1. What type of organization is this?*
<input type="radio"/> Public School <input type="radio"/> Private School
<input type="radio"/> Residential School <input type="radio"/> Hospital
<input type="radio"/> For-profit or Commercial Organization <input type="radio"/> College/University
<input type="radio"/> Federal Government Agency <input type="radio"/> Non-Profit Organization
<input type="radio"/> State or Local Government Agency <input type="radio"/> Other, Please Specify:

Employment Information
<p>Please note that past employment records cannot be edited once submitted for verification. Your employer will have 30 days from the date of submission to verify or dispute your employment information for this position. Current employment records can be edited. You will receive credit for current employment up to the date of last update. You cannot update your current employment record during your employer's 30-day verification period until your employer verifies or disputes the record or the 30-day verification window expires. Also note that per 2005 Requirements Sec.F(f)(2) and 2006 Regulations §304.30(f)(2), you will not receive credit for work completed prior to date you completed of one academic year of training.</p>
<p>Classroom teachers with 12 month contracts must indicate 12 months of employment to receive a year</p>

of service obligation credit. If you enter the start and end dates of the school year you will only receive credit for the number of months entered.

Question #7 does not affect your service obligation fulfillment status. This question is for measuring performance of the programs at the Office of Special Education Programs.

To save a record for later completion, please click the "Save For Later" button at the bottom of the page.

1. ***Is this your current employment?**

- Yes
- No

*When did this job begin? (mm/dd/yyyy) When did this job end? (mm/dd/yyyy)

Please note: past employment records cannot be edited once submitted.

2. ***Which of the following best describes the position?***

- Classroom Teacher
- Paraprofessional/Teacher Assistant/Teacher Aide
- Teaching at the Postsecondary Level
- Policy
- Program Development
- Instructional Specialist
- Supervision (including the capacity of a principal)
- Research
- Technical Assistance
- Administration
- Other, Please Specify:

3. ***Is this a full or part-time position?**

- Full Time (As defined by your Employer)
 - This is a summer position
 - This position has summers off
 - This is a year round position
- Part Time

3a. If this employment is part-time, on average, how many hours does the scholar work per week at this job? _____

4. Select one special education and/or related services training area that best describes this employment position.

I. Special Education

II. Related Services

- | | |
|---|--|
| <input type="checkbox"/> General special education, cross-categorical, generic, multi-categorical, or non-categorical | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> General special education, mild or moderate | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Low-incidence disabilities/multiple disabilities/severe disabilities | <input type="checkbox"/> Educational diagnostician |
| <input type="checkbox"/> Combined studies: General education and special education | <input type="checkbox"/> Interpreter/ASL |
| | <input type="checkbox"/> Music therapy |
| | <input type="checkbox"/> Nursing |

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Developmental delay <input type="checkbox"/> Specific learning disabilities <input type="checkbox"/> Speech/language impairment <input type="checkbox"/> Emotional disturbance/behavioral disorders <input type="checkbox"/> Autism <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Deafness and/or hard-of-hearing <input type="checkbox"/> Visual impairment and/or blindness <input type="checkbox"/> Deaf-blindness <input type="checkbox"/> Mental retardation Mild/moderate <input type="checkbox"/> Mental retardation: Severe <input type="checkbox"/> Other health impairment <input type="checkbox"/> Physical impairment/orthopedic impairment <input type="checkbox"/> Adapted physical education <input type="checkbox"/> Assistive technology <input type="checkbox"/> Bilingual special <p><input type="checkbox"/> education / ESL/ Early childhood/early intervention</p> <p>TESO
L</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inclusive/collaborative practices <input type="checkbox"/> Special education for youth in correctional facilities <input type="checkbox"/> Transition | <ul style="list-style-type: none"> <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Orientation & mobility <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Physical therapy <input type="checkbox"/> Rehabilitation counseling <input type="checkbox"/> School counseling <input type="checkbox"/> Psychology <input type="checkbox"/> Speech/language <input type="checkbox"/> Social work <input type="checkbox"/> Therapeutic recreation <input type="checkbox"/> Work experience coordinator (employment transition specialist) |
|--|---|

If the special education and related services areas above are not appropriate for the training focus of your employment, please provide a brief description of the area of focus for this employment.

5. If appropriate, select up to three additional training areas to provide more detailed information about this employment position.

I. Special Education

II. Related Services

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> General special education, cross-categorical, generic, multi-categorical, or non-categorical <input type="checkbox"/> General special education, mild or moderate <input type="checkbox"/> Low-incidence disabilities/multiple disabilities/severe disabilities <input type="checkbox"/> Combined studies: General education and special education <input type="checkbox"/> Developmental delay <input type="checkbox"/> Specific learning disabilities <input type="checkbox"/> Speech/language impairment <input type="checkbox"/> Emotional disturbance/behavioral disorders | <ul style="list-style-type: none"> <input type="checkbox"/> Audiology <input type="checkbox"/> Counseling <input type="checkbox"/> Educational diagnostician <input type="checkbox"/> Interpreter/ASL <input type="checkbox"/> Music therapy <input type="checkbox"/> Nursing <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Orientation & mobility <input type="checkbox"/> Paraprofessional |
|---|--|

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Rehabilitation counseling |
| <input type="checkbox"/> Deafness and/or hard-of-hearing | <input type="checkbox"/> School counseling |
| <input type="checkbox"/> Visual impairment and/or blindness | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Speech/language |
| <input type="checkbox"/> Mental retardation: Mild/moderate | <input type="checkbox"/> Social work |
| <input type="checkbox"/> Mental retardation: Severe | <input type="checkbox"/> Therapeutic recreation |
| <input type="checkbox"/> Other health impairment | <input type="checkbox"/> Work experience coordinator (employment transition specialist) |
| <input type="checkbox"/> Physical impairment/orthopedic impairment | |
| <input type="checkbox"/> Adapted physical education | |
| <input type="checkbox"/> Assistive technology | |
| <input type="checkbox"/> Bilingual special education/ESL/TESOL | |
| <input type="checkbox"/> Early childhood/early intervention | |
| <input type="checkbox"/> Inclusive/collaborative practices | |
| <input type="checkbox"/> Special education for youth in correctional facilities | |
| <input type="checkbox"/> Transition | |

Please answer the questions below that best describe the work you do in this position. Eligible employment must 1) fulfill at least one of the requirements listed in [Sec. F \(e\) of the 2005 Requirements](#) or [§304.30\(e\) of the 2006 Program Regulations](#); 2) provide compensation; and 3) if serving children, the children must fall under the definition of eligible children as described in [IDEA 2004 Sec. 602\(3\)](#).

6. *Describe the percentage of time spent performing work related to the training for which the scholarship was received under [Section 662 of IDEA the Individuals with Disabilities Education Act of 2004](#) in this position.
- Less than 40%
 - 40% -- 50%
 - 51% -- 60%
 - 61% or greater
 - NOT APPLICABLE

Note:

Please complete Questions 6a. and 6b. only if you selected one of the following answers for Question 2: Which of the following best describes the position?:

- Classroom Teacher
- Paraprofessional/Teacher Assistant/Teacher Aide
- Instructional Specialist

- 6a. Describe the percentage of time spent teaching or serving special education students in this position.
- Less than 40%
 - 40% -- 50%
 - 51% -- 60%
 - 61% or greater
 - NOT APPLICABLE
- 6b. Describe the percentage of special education students taught or served in this position.
- Less than 40%
 - 40% -- 50%
 - 51% -- 60%

- 61% or greater
- NOT APPLICABLE

7. *Are you "highly qualified/qualified/fully certified" for this position under Individuals with Disabilities Education Act (IDEA) and/or the Elementary and Secondary Education Act (ESEA)? *Select the most appropriate answer.*

"Highly qualified/qualified/fully certified" for purposes of this data collection means that the employee meets the state requirements (if there are requirements in your state) for certification/licensure for this position.

- {Highly qualified/qualified/fully certified}
- {Not highly qualified/Not qualified/Not fully certified}
- This state does not have requirements for certification/licensure for this position
- Not applicable to this type of employment position

Note: If the position is an elementary or secondary general education/special education teacher, the employee can be "highly qualified." If the position is general education/special education paraprofessional/aide or early intervention, early childhood or preschool paraprofessional/aide, the employee can be "qualified." If the position is administrator/coordinator, for related or supportive services in a school setting, or for teacher, related services, or supportive services in early intervention, early childhood, the employee can be "fully certified."

Please provide the name and the e-mail of the employer contact(s) you would like to receive the verification request:

Note: Please complete the following section, Position Change Information, only if you selected "No" for Question 1: Is this your current employment? **and** elected one of the following answers for Question 2: Which of the following best describes the position?:

- Classroom Teacher
- Paraprofessional/Teacher Assistant/Teacher Aide
- Instructional Specialist

Position Change Information

Which of the following best describes your move from THIS position to your NEXT position? You may choose only one.

	In the Same State	In a different State
Moved from one public school to another public school in the SAME SCHOOL DISTRICT.	0	0
Moved from one public school to another public school in the SAME SCHOOL DISTRICT.	0	0
Moved from one public school district to ANOTHER PUBLIC SCHOOL DISTRICT.	0	0
Moved from a PUBLIC school to a PRIVATE school.	0	0
Moved from a PRIVATE school to a PUBLIC school.	0	0
Moved from a PRIVATE school to another	0	0

PRIVATE school.		
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Other, please specify:

Indicate the level of importance EACH of the following played in your decision to THIS position.

	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
Salary and benefits are better in my current or most recent position.	0	0	0	0	0
I felt job security would be better in my current or most recent position.	0	0	0	0	0
I was dissatisfied with workplace conditions (e.g., facilities, classroom resources, school safety) in my previous position.	0	0	0	0	0
I was dissatisfied with my last position for reasons not stated above.	0	0	0	0	0